**Application form for single applicant**

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Part – I**

(To be filled in by the applicant)

1. **Course selection**
2. Type of application: Registration
3. Qualification category applying for:
	1. **ToT course code: NIRDPR-T/T-GPM-LB/01** [General Pest Management Technician (NIRDPR/SPM/QGPMT/2020), Vector Control Technician – Local Bodies (2020/AGR/NIRDPR/03874)], Yes/No
	2. **ToT course code: NIRDPR-T/S-GPM-LB/02** [General Pest Management Supervisor (NIRDPR/SPM/QGPMS/2020), Vector Control Supervisor – Local Bodies (2020/AGR/NIRDPR/03873)] Yes/No
	3. **ToT course code: NIRDPR-T/M-GPM/03 [**General Pest Management Manager (2020/AGR/NIRDPR/03869)] Yes/No
	4. **ToT course code: NIRDPR-T/T-FUM/04** [Fumigation Technician (2020/AGR/NIRDPR/03868)] Yes/No
	5. **ToT course code: NIRDPR-T/S-FUM/05** [Fumigation Supervisor (2020/AGR/NIRDPR/03867)] Yes/No

Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Correspondence details**
2. Name: Mr./Ms./Mrs./Mx. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_ 3. Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contact number of family member, who could be contacted in the case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Correspondence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Preferred pronoun: He/She/They/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Eligibility criteria**
2. Applicable for General Pest Management Technician (NIRDPR/SPM/QGPMT/2020), Vector Control Technician – Local Bodies (2020/AGR/NIRDPR/03874), General Pest Management Supervisor (NIRDPR/SPM/QGPMS/2020), Vector Control Supervisor – Local Bodies (2020/AGR/NIRDPR/03873), General Pest Management Manager (2020/AGR/NIRDPR/03869)
3. Do you have minimum educational qualifications as mandated in the Insecticides Act/ proposed Pesticide Management Bill? Yes/No (Attach proof)
4. Are/were you actively engaged in the business of General Pest Management? Yes/No (Attach proof)
5. Have you successfully completed training programs conducted by Central Food Technology Laboratory (CFTRI)/Indian Grain Management Research Institute (IGMRI)/National Institute of Plant Health Management (NIPHM)? Yes/No (Attach proof)
6. Do you have 5 years of practical experience in carrying out Pest Management job? Yes/No (Attach proof)
7. Do you have adequate knowledge on documentation and record maintenance? Yes/No
8. Applicable for Fumigation Technician (2020/AGR/NIRDPR/03868), Fumigation Supervisor (2020/AGR/NIRDPR/03867)
9. Are you an Accredited Fumigation Operator? Yes/No (Attach proof)
10. Have you successfully completed Australian Fumigation Accreditation Scheme (AFAS) training? Yes/No (Attach proof)
11. Do you have 5 years practical experience in conducting Fumigation? Yes/No (Attach proof)
12. Do you have adequate knowledge on documentation and record maintenance? Yes/No

 Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part – II**

(To be filled up by NIRDPR scrutinizer)

Application no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the applicant qualified in all the eligibility criteria they applied for? Yes/No
2. Recommendation: Shortlisted for the ToT/Rejected
3. Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of scrutiny: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Signature of the scrutinizer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_